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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|------------------------------------------|--|------------------------|------------------------|
| | | Application Number | 10/562,065-Conf. #9625 |
| | | Filing Date | December 22, 2005 |
| | | First Named Inventor | Takuji YOSHIMOTO |
| | | Art Unit | 1625 |
| | | Examiner Name | R. K. Covington |
| Total Number of Pages in This Submission | | Attorney Docket Number | 0171-1251PUS1 |

ENCLOSURES (Check all that apply)

| | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Unity of Invention Rejection (3 pages) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name | BIRCH, STEWART, KOLASCH & BIRCH, LLP | | |
| Signature |  | | |
| Printed name | Craig A. McRobbie | | |
| Date | APR 16 2009 | Reg. No. | 42,874 |